

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734908

FILED
Apr 30, 2005
Secretary of State

Entity Name: THE LIFE CENTER CHURCH, INC.

Current Principal Place of Business:

63 E. KENNEDY BLVD
EATONVILLE, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

63 E. KENNEDY BLVD
EATONVILLE, FL 32751 US

New Mailing Address:

FEI Number: 59-1832203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DANIELS, LETTIE B MS
5101 NEPONSET AVE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: HENSON, BARRY G
Address: 505 N. TAMPA AVE
City-St-Zip: ORLANDO, FL 32805 US

Title: P () Delete
Name: KIMBLE, RONALD F PASTOR
Address: 510 SPRING CLUB DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: D () Delete
Name: TAYLOR, VINCE
Address: 225 SOLDIER CREEK PLACE
City-St-Zip: LONGWOOD, FL 32750 US

Title: D () Delete
Name: SHAW, JOHN
Address: 5919 WHITE EGRET LANE
City-St-Zip: ORLANDO, FL 32810 US

Title: D () Delete
Name: STYLES, STAILEY
Address: 109 LISA LOOP
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D (X) Delete
Name: WILLIAMS, LORENZO
Address: 4702 SPANIEL ST
City-St-Zip: ORLANDO, FL 32818 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KING, CICERO
Address: 801 JOHNS POINTE DR
City-St-Zip: OAKLAND, FL 34787 US

Title: D (X) Change () Addition
Name: JOHNSON, TIMOTHY
Address: 2757 BOLTON BEND
City-St-Zip: ORLANDO, FL 32817 US

Title: D (X) Change () Addition
Name: KING, CORNELL
Address: 8803 SKY VISTA CT
City-St-Zip: ORLANDO, FL 32808 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY G HENSON

ST

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date